DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES	II II S
DIVISION OF ENVIRONMENTAL HEALTH CHILD CARE FACILITY	
INSPECTION REPORT	
REASON / GRADE Inspection Date: ESTABLISHMENT NAME:	XEAU NAC
TO THE TOTAL PARTY.	-DHOOD EDUCA
Follow-Up Time In/Out: OWNER/OPERATOR:	
Complaint 9:35 10:25 HENRICKSEN, TRICK	CENTER
Investigation RATING AM LOCATION: 308 MEPA Establish	ment Type:
Other: A Sanitary Permit No.: ST. DEDEDO / CCC	
20000-17000 PERMIT STATUS: ValidTe	emporaryExpired
No. of Children: Male Female 24_Total Child Care License: No. 16 00 89 Valid /	/ Provisional / / Expired
The following items identify violations found this day in the operations and facilities which must be	a competed by the
a written request for hearing must be submitted before the indicated correction	rmit suspension. To seem
	DEMERIT CORRECT B
A REBULAR INSPECTION WAS CONDUCTED	
	-
6(8(17 (2,A)	
ALL PREVIOUS VIOLATION'S COPPECTED.	
ITEM # 17.	
1.0 2521 1.0 0	
NO NEW VIOLATIONS OBSERVED.	
"A" PLACARD # 02005 ISSUED.	
PIC BRIEFED ON ABOVE.	
FIL BEIDTED ON ABOVE.	
	7 FINAN
	THE RESERVE THE PERSON NAMED IN
I have read and understand the shows violetics (a) and I	
I have read and understand the above violation(s) and I am aware of the corrective mea	sures to be taken.
*Note: When any of the following items are cited above, they shall be corrected within	enisor.
To days of this inspection: DFH inspector (Name & Title)	NIANIA ,
2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).	1/1,

Rev: 08/2/05 DEH-06

White Copy - DEH

Yellow Copy - Establishment